



**State of New Jersey**  
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
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☆☆  
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**VETERANS AFFAIRS BULLETIN**  
**No. 1-06**

**19 January 2006**

**CORRECTIVE AND DISCIPLINARY PROCEDURES**  
**NEW JERSEY VETERANS MEMORIAL HOMES**

1. References:
  - a. N.J.A.C. 4A:II, Subchapter 2. – New Jersey Department of Personnel, NJ Administrative Code – Title 4A.
  - b. Departmental Directive 230.05, C3 – State Employee Relations Policies.
  - c. New Jersey Department of Military and Veterans Affairs. (1990). *Corrective and Disciplinary Action Policies and Responsibilities*. Departmental Directive Number 230.05, dated 28 December 1990 (as revised).
2. We, in the Division of Veterans Healthcare Services, must be accurate and thorough in the application of corrective and disciplinary procedures. I would like to reiterate and clarify some salient points of those procedures.
3. **First and foremost, all corrective and disciplinary actions seek to modify behavior and bring errant behavior into accepted standards of performance.** Personnel actions should start out as corrective in nature. Corrective actions are not punitive, and include **counseling, oral warnings, and written warnings.**
4. **Document Corrective Actions.** A record of corrective steps taken is to be made and maintained by the appropriate supervisor and the employee is to be offered a copy of that record. The record of a corrective step is not to be placed in the employee's official personnel files, unless such is used in determining the penalty for a subsequent offense of the same nature.

5. If corrective actions do not bring the desired results, disciplinary actions must then be applied. Disciplinary actions are classified as either minor or major.

**Major Disciplinary Actions encompass:**

- a. Suspension of six (6) days or more without pay.
- b. Fines of six (6) or more day's gross pay or four (4) or more fines totaling fifteen (15) or more days gross pay.
- c. Four (4) or more minor suspensions totaling fifteen (15) days.
- d. A reduction in grade.
- e. Removal.

6. **Three guiding principles must apply to all disciplinary procedures:**

**First**, they must be progressively applied. Generally, disciplinary actions should start at the lowest level indicated in the NJDMAVA booklet (reference 1c). As infractions accumulate, either in severity or in the number of incidents, more stringent measures are then applied in increasingly severe steps. Remember, the goal is to try to correct behavior.

**Second**, disciplinary measures must be applied uniformly in like cases across each VMH's departments/sections. For example, for a first infraction of disobedience, one employee should not receive a three (3) day suspension while another employee receives a four (4) day suspension for the same infraction (all else being equal).

**Third**, all incidents that require corrective or disciplinary measures must be recorded.

**Document.** It is imperative that all corrective and disciplinary actions be documented in as much detail as possible. It is recommended that a corrective/disciplinary history also be maintained for employees. See attached samples. This documentation must be safeguarded and kept in a secure location.

It must be emphasized that the appeal process may take extensive time to wind through the various hearing and court appearances. Management may be required to recall events from literally years in the past. Notes, even informal ones, taken at the time of the incident could serve as a real memory jogger and help management prepare and present a solid case.

7. The Chief Executive Officers (CEOs) have the authority to implement minor disciplinary actions and major disciplinary actions not to exceed fifteen (15) days. Preliminary notices for these major actions must be reviewed by the VMH Employee Relations Officer/Coordinator and the VMH Human Resources Officer before it is issued.

In major disciplinary actions of sixteen (16) days or more, the Preliminary Notice must be sent to the DMAVA Administrator/Employee Relations Officer (ERO) or the Director, Human Resources Division (HRD) in the Administrator/Employee Relations Officer's absence with a copy to the Director, Division of Veterans Healthcare Services before issuance.

**Adverse Action Matrix:** Additionally, each VMH is to provide a monthly report (Adverse Action Matrix) to the Director, Division of Veterans Healthcare Services for all disciplinary actions of five (5) days or more.

8. In closing, we must, at all management levels, ensure that all corrective and disciplinary actions are applied progressively and consistently for all employees at all times, and document, document, document.

9. Questions or inquiries concerning this bulletin should be addressed to BG Frank R. Carlini, Director, Division of Veterans Healthcare Services at 609-530-6766 or e-mail Frank.Carlini@njdmava.state.nj.us.

OFFICIAL:

GLENN K. RIETH  
Major General, NJARNG  
The Adjutant General



DAVID S. SNEDEKER  
Chief Information Officer  
Acting Director, Information and  
Administrative Services Division

DISTRIBUTION A, F

Enclosures

**INTERNAL CONFIDENTIAL  
INVESTIGATION REPORT**

**TO:** \_\_\_\_\_, Employee Relations Officer  
**THRU:** \_\_\_\_\_, Division Director or Designee  
**FROM:** \_\_\_\_\_, Title, Investigator  
**DATE:** \_\_\_\_\_

**RE: Investigation Report**

**I. General Information**

- A. Name of victims(s):** \_\_\_\_\_ **#** \_\_\_\_\_  
**Age of victims(s):** \_\_\_\_\_  
**Location:** \_\_\_\_\_
- B. Date of Incident:** \_\_\_\_\_ **Time** \_\_\_\_\_
- C. Name of alleged perpetrator(s)**  
(If employee(s), indicate title, area assignment, shift. If a patient, provide name and identification number as in A above).
- D. Nature of the allegation:** Describe what prompted the investigation.
- E. Description of Incident:**  
Name of person making the initial allegation. Indicate the date/time allegation was made, person to whom the allegation was first reported.

**II. Potential Witnesses**

- A. List all staff on duty at the time of the incident.** List, by name and title, including all disciplines who were in the section or location that shift or time period. (If the shift on which the incident occurred cannot be specified, then reports should be obtained from all staff on duty for any of the potential days, times the incident may have occurred. This also applies for patients specified under B and C below).
- B. List, by name, all individuals in the vicinity of the alleged incident.** Identify who provided information regarding the alleged incident.  
**[The investigation report should indicate if signed patient interview forms, witness statement forms, and an Incident Report were collected.]** These items shall be referred to as documentary evidence and submitted. The report should indicate missing witnesses statement forms or patient interview forms. All patients interviewed should be recorded. Identify missing statements or interview forms by an asterisk near that person's name. Indicate why the required witness statement or other forms/report are not attached and when they may be expected.

- C. **List, by name, all patients in the vicinity of an incident who were unable to provide information.**
- D. **List, by name and status (e.g. visitor, brother, etc.), of all others in the vicinity of the incident.**

### **Additional Witness Statement Forms**

- A. If the initial investigation with witness statements or patient interview forms was not sufficient, and additional reports or interviews were required, list the name(s) of all additional staff, others, or individuals and their title/status and attach their reports.

### **Additional Information**

- A. **Include** such information and reports of accident/injury, record of body checks, follow-up record on special medical attention, and any other pertinent reports and/or physical evidence. Indicate if criminal charges are to be made, and report what physical evidence was provided to and maintained by the Department of Human Service Police. Otherwise, all physical evidence is to be secured by the investigator.
- B. **Describe photographs.** Photographs must be identified in writing, indicating the name of the photographer, the patient, where and when the photographs were taken.
- C. **Attach** a copy of the unit or building floor plan depicting the location and movement of staff, individuals, and others in the vicinity of the incident.

## **III. Protective Measures Taken**

- A. **Describe what steps were taken to protect the victim** including physical examination, medical treatment, respite stay, counseling, or other action as recommended by the interdisciplinary team. Indicate attached copies of related client notes and follow-up measures to be taken.
- B. Indicate measures taken such as reassignment of the alleged perpetrator(s) to protect all patients and staff witnesses from potential intimidation by the alleged perpetrator(s).'

## **IV. Summary of Evidence**

- A. **Describe what occurred in chronological order based upon a synthesis of all obtained information.** Conflicting accounts by witnesses should be detailed. Also, the summary should include any events which may have precipitated, lead up to, caused, or **contributed to** the occurrences of the

incident. In some cases, it may be necessary to summarize a related event which occurred in the past.

As relevant to the investigation, factors regarding the victim and/or individual witnesses' level of functioning and specific disabilities (particularly regarding communication) should be noted. Where appropriate, exact quotes or descriptions of how information was communicated (by either staff or patients) should be obtained to provide clarification. For instance, if a patient indicated an employee hit him/her by mimicking punches to his head and pointing to a specific employee, this should be specified. Also, the findings of evaluations by psychologist on a patient's ability to accurately recall and relay events when the patient is making an accusation should be noted.

**V. Results of Police Investigation**

**Present the results of the police investigation.**

Identify by name the investigating officer. If the Police investigation has not been concluded comment on the preliminary indications provided by the police. Specify any physical evidence handed over to the police. Refer to physical evidence listed in Section IVa.

**VIII. Findings of Fact**

**List pertinent facts previously noted in the investigation report, which are supported by a preponderance of credible evidence.**

Facts are to be numbered and listed individually in chronological order. It is not necessary for a fact to be uncontested or irrefutable, however, there should be more evidence to support it as a fact than there is evidence to refute it. Where a victim or patient witness is assessed as capable of accurately relaying information, this should be included in the findings of fact.

- 1.
- 2.
- 3.
- 4.
- 5.

**IX. Conclusion**

State your conclusion of what actually occurred based upon an assimilation of the findings of fact. All aggravating and/or mitigating factors should be noted in the conclusion section.

**X. Recommendations**

**List what action(s), if any, should be taken.** This includes recommendations for corrective or disciplinary referrals, training and other staff-oriented actions. Also include patient-orientated actions not previously noted in the protective measures section of the report.

## **XI. Comments**

**Include a comment section as appropriate, to discuss issues not included elsewhere. Address systemic issues or concerns and a resolution. You may describe any mitigating or aggravating factors not previously noted but should be considered.** This might include issues which interfered with completion of the investigation, or issues such as whether the preliminary investigation was complete, informative and timely, recommendations for changes in procedures or practices related to investigations, or systemic concerns which should be addressed.

## WITNESS STATEMENT FORM

Who was involved in the incident:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

\_\_\_\_\_

Were you on duty when this incident occurred. Where were you physically located?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what you saw? Describe what you heard?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who else was in the area, give their name and title/status? What did they do?

\_\_\_\_\_  
\_\_\_\_\_

Describe what happened after that?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was this reported to a supervisor? Who? What was their response?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ☐ An additional sheet is attached)

This statement was prepared on, date: \_\_\_\_\_. Signature: \_\_\_\_\_



STATE OF NEW JERSEY  
DEPARTMENT OF MILITARY AND VETERAN AFFAIRS  
**REVIEW OF RECOMMENDED CORRECTIVE OR DISCIPLINARY ACTION**

**A. EMPLOYEE IDENTIFICATION**

1. Name \_\_\_\_\_ 2. Title \_\_\_\_\_

3. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Status: RA PA/RA PA TA U U/RA

5. Employee Relations Group: A P R S I O C H F K J X M

6. Confidential: Y

**B. DATE OFFENSE / CAUSE REPORTED** \_\_/\_\_/\_\_

**C. OFFENSE / CAUSE IDENTIFICATION (Continued)** ☐

1. Date (a) \_\_/\_\_/\_\_ S S M T W T F (b) \_\_/\_\_/\_\_ S S M T W T F

2. Time (a) \_\_\_\_ : \_\_\_\_ am pm (b) \_\_\_\_ : \_\_\_\_ am pm

3. Location \_\_\_\_\_

**D. TARGET(S) OF OFFENSE / CAUSE (Continued)** ☐

(a) IDENTIFICATION	(b) INTERVIEWED	(c) STATEMENT	(d) WITNESS	(e) ACCEPTABLE
1. _____	1. __/__/__	1. __/__/__	1. Y N	1. Y N
2. _____	2. __/__/__	2. __/__/__	2. Y N	2. Y N
3. _____	3. __/__/__	3. __/__/__	3. Y N	3. Y N
4. _____	4. __/__/__	4. __/__/__	4. Y N	4. Y N

**E. POSSIBLE WITNESSES (Continued)** ☐

(a) IDENTIFICATION	(b) INTERVIEWED	(c) STATEMENT	(d) STATUS	(e) WITNESS	(f) ACCEPTABLE
1. _____	1. __/__/__	1. __/__/__	1. S H N X	1. Y N	1. Y N
2. _____	2. __/__/__	2. __/__/__	2. S H N X	2. Y N	2. Y N
3. _____	3. __/__/__	3. __/__/__	3. S H N X	3. Y N	3. Y N
4. _____	4. __/__/__	4. __/__/__	4. S H N X	4. Y N	4. Y N

**F. EVIDENCE** (Continued) ☐

(a) ITEM	(b) LOCATION	(c) IDENTIFICATION
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____

**G. APPLICABLE FACTORS**

- Performance Evaluation (a) U O \_\_\_\_/\_\_\_\_/\_\_\_\_ (b) U O \_\_\_\_/\_\_\_\_/\_\_\_\_
- Promotions \_\_\_\_\_
- Other \_\_\_\_\_
- Date of Last Hire \_\_\_\_/\_\_\_\_/\_\_\_\_

**H. PRIOR DISCIPLINARY ACTIONS (Continued)** ☐

(a) OFFENSE	(b) INFRACTION	(c) DATE	(d) ACTION	(e) APPEALED	(f) MODIFIED
1. _____	1. 1 2 3 4	1. ____/____/____	1. OR ____d D	1. <input type="checkbox"/>	1. <input type="checkbox"/>
2. _____	2. 1 2 3 4	2. ____/____/____	2. OR ____d D	2. <input type="checkbox"/>	2. <input type="checkbox"/>
3. _____	3. 1 2 3 4	3. ____/____/____	3. OR ____d D	3. <input type="checkbox"/>	3. <input type="checkbox"/>
4. _____	4. 1 2 3 4	4. ____/____/____	4. OR ____d D	4. <input type="checkbox"/>	4. <input type="checkbox"/>

**I. PRIOR CORRECTIVE ACTIONS (Continued)** ☐

(a) OFFENSE	(b) INFRACTION	(c) DATE	(d) ACTION	(e) APPEALED	(f) MODIFIED
1. _____	1. 1 2 3	1. ____/____/____	1. C OW WW	1. <input type="checkbox"/>	1. <input type="checkbox"/>
2. _____	2. 1 2 3	2. ____/____/____	2. C OW WW	2. <input type="checkbox"/>	2. <input type="checkbox"/>
3. _____	3. 1 2 3	3. ____/____/____	3. C OW WW	3. <input type="checkbox"/>	3. <input type="checkbox"/>
4. _____	4. 1 2 3	4. ____/____/____	4. C OW WW	4. <input type="checkbox"/>	4. <input type="checkbox"/>

**J. SUPERVISOR'S RECOMMENDATION:**

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**K. PROGRESSIVE**                      Y              N

**L. GUIDELINES – OFFENSES / CAUSES** (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_

**M. APPROVED ACTIONS (S)** (a) \_\_\_\_\_ (b) \_\_\_\_\_

**N. APPROVED CHARGE (Offense / Cause):**

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(Continued) ☐

**O. APPROVED SPECIFICATION:**

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(Continued) ☐

**P. RECOMMENDED CORRECTIVE /DISCIPLINARY ACTION DISAPPROVED:**

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(Continued) ☐

**Q. EMPLOYEE RELATIONS OFFICER** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

## CEO LETTERHEAD

**DATE:**

**TO:** Linda Mitchell  
Employee Relations Officer

**FROM:** Chief Executive Officer  
NJ Veterans Memorial Home

**SUBJECT:** Division of Veterans Healthcare Services  
Major Disciplinary Action

The attached Preliminary Notice of Disciplinary Action is submitted for your signature.

Charges:

Specifications:

Attachment: Preliminary Notice of Disciplinary Action

c: Frank R. Carlini, Director/DVHS  
Loreta Sepulveda, Director/HRD

*“SERVING THOSE WHO SERVED”*